

Foster Family Home - Corrective Action Report

Provider ID: 1-617558

Home Name: Zenaida Tierra, CNA

Review ID: 1-617558-4

1051 B Kopke Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 10/11/2017

End Date: 10/11/17

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 10/11/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

David A. Ayling
Compliance Manager

10/11/17
Date

ZC Sierra
Primary Care Giver

10/11/17
Date